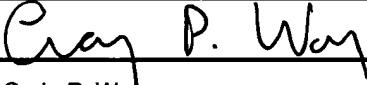


TRANSMITTAL FORM <small>DEC 21 2004</small> <small>PATENT & TRADEMARK OFFICE (C)</small> <small>(to be used for all correspondence after initial filing)</small> <small>TRADEMARKS</small>		Application Number	09/929,453
		Filing Date	August 13, 2001
		First Named Inventor	Michael J. Tierney
		Art Unit	3732
		Examiner Name	M. Priddy
		Total Number of Pages in This Submission	17516-003230US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Craig P. Wong		
Date	12/17/04	Reg. No.	45,231

CERTIFICATE OF TRANSMISSION/MAILING

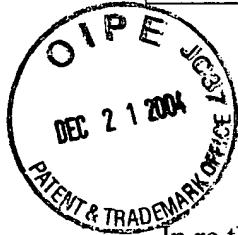
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature		
Typed or printed name	Arlene C. Granlund	Date
		12/17/04

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3732

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By: Gillian C. Hartman

PATENT
Attorney Docket No. 17516-003230US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

MICHAEL J. TIERNEY *et al.*

Application No.: 09/929,453

Filed: August 13, 2001

For: SURGICAL ROBOTIC TOOLS,
DATA ARCHITECTURE AND USE

Examiner: M. Priddy

Art Unit: 3732

AMENDMENT

Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed September 17, 2004, please amend the above-identified application as follows:

The amendments to the Claim section begins on page 2 of this paper.

The Remarks section begins on page 6 of this paper.